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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that these papers, consisting of 22 pages total, are being facsimile transmitted to the Patent and Trademark Office 703-872-9306 on the date shown below.

DATE: May 13, 2004

Dillip C. Andrade
Dillip C. Andrade
Registration No.: 53,942

TO THE ATTENTION OF:	Examiner Tung S. LAU, Art Unit 2863
MAIL STOP:	MAIL STOP Amendment
COMPANY:	United States Patent and Trademark Office
CITY:	Arlington, Virginia, U.S.A.
FAX NUMBER:	703-872-9306
DATE / TIME:	May 13, 2004
FROM:	Dillip C. Andrade
DIRECT DIAL:	(613) 237-5160
OUR FAX NUMBER:	(613) 787-3558

RE: United States Patent Appln No. 09/875,949
Title: POINT-OF-CARE IN-VITRO BLOOD ANALYSIS SYSTEM
Inventor(s): LAUKS, Imants, R.
Our File: PAT 506-2 US

NUMBER OF PAGES, INCLUDING THIS PAGE: 22
CONFIRMATION TO FOLLOW: NONE

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0851-0032

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 177.00)

Complete if Known

Application Number 09/875,949
 Filing Date June 8, 2001
 First Named Inventor Imants R. LAUKS
 Examiner Name Tung S. LAU
 Art Unit 2863
 Attorney Docket No. PAT 506-2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:

Deposit Account Number 501593
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FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
-20** = 1	X 9	= 36	
Independent Claims	-3** = 2	X 43	= 86
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 122.00)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 130	Non-English specification	
1812 2,520	2812 2,520	For filing a request for ex parte reexamination	
1804 920*	2804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	2805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	55.00
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1480 130	2480 130	Petitions to the Commissioner	
1807 50	2807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	2806 180	Submission of Information Disclosure Stmt	
8021 40	28021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	2802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 55.00)

SUBMITTED BY

Name (Print/Type) Dillip C. Andrade

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(Complete if applicable)

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Signature

Date May 12, 2004

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